



Application No. 09/506,819
Docket No. 1982-0149P

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: **Regular**
Subject Matter:: **Utility**
CD-ROM or CD-R?: **None**
Number of CD disks:: **0**
Number of copies of CDs:: **0**
Sequence submission?: **None**
Computer Readable Form (CRF)?:
Number of copies of CRF:
Title:
Attorney Docket Number:
Request for Early Publication?: **No**
Request for Non-Publication?: **No**
Suggested Drawing Figure:
Total Drawing Sheets:
Small Entity?: **No**
Petition Included?: **No**
Petition Type:

APPLICANT INFORMATION

Applicant Authority Type:: **Inventor**
Primary Citizenship:
Country:
Status:: **Full Capacity**
Given Name:: **HIROSHI**
Middle Name:
Family Name:: **OGAWA**
City of Residence:

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 02292

REPRESENTATIVE INFORMATION

Representative Customer Number::	02292
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::